

**BOARD OF REGISTERED NURSING**

P.O BOX 944210, SACRAMENTO, CA 94244-2100
TDD (916) 322-1700
TELEPHONE (916) 322-3350



Ruth Ann Terry, MPH, RN
Executive Officer

COMPLAINT

Please print or type

SUBJECT INFORMATION *(Registered Nurse (RN), Applicant Or Unlicensed Person Claiming To Be An RN – Complete All Known Information.)*

Name (Last, First, Middle):

RN Number:

Home Address (Number & Street):

City:

State:

Zip Code:

Employer:

Business Address (Number & Street):

City:

State:

Zip Code:

Home Phone: ()

Business Phone: ()

Additional Information (Birthdate, Former Name, etc.):

PERSON REGISTERING COMPLAINT

Name (Last, First, Middle):

Address (Number & Street):

City:

State:

Zip Code:

Home Phone: ()

Business Phone: ()

Relationship to Nurse (Patient, Coworker, Friend, etc.):

DETAILS OF COMPLAINT *(Who, What, Where, When, Why, How; Include Copy of Relevant Documents; List Any Witnesses & Telephone Numbers. Use Reverse Side Or Additional Sheets if Necessary.)*

Your Signature

Date